DOCUMENT RESUME

ED 316 965 EC 230 021

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TITLE Joining In: The Summary. A Study of the Mainstreaming of Children with Educational Handicaps into Kindergartens and Playcentres. Studies in Education, No. 44.
INSTITUTION New Zealand Council for Educational Research, Wellington.
REPORT NO ISBN-0-908567-63-4
PUB DATE 87
NOTE 54p.; Support provided by the International Year of Disabled Persons Telethon Trust. For other booklets in this series, see EC 230 022-024.
PUB TYPE Reports - Research/Technical (143)

EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS *Disabilities; Foreign Countries; *Mainstreaming; Mother Attitudes; *Outcomes of Education; Play; Preschool Education; Program Evaluation; *Social Integration; Special Education; Teaching Methods
IDENTIFIERS *New Zealand

ABSTRACT

This booklet contains an outline of, and recommendations based on, a study of 128 New Zealand children in special groups mainstreamed into kindergartens and play groups. Research goals were to explore how mainstreaming had been implemented, whether special group children were profiting from the environment's educational opportunities, and whether or not special group children were successfully becoming part of normal social groups. Structured observations of the children and interviews with mothers, teachers, and play center supervisors were the primary research techniques. Results helped to supply answers to such questions as "what is integration?" "did mainstreaming work?" "how may gains be explained?" and "were there some children not observed in any learning event?" Recommendations arising from the study are offered in the areas of labeling and diagnosis, observation, program development, whole group sessions, one-to-one teaching, withdrawal, intervention, record-keeping, training, and transport. (PB)

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Joining In:
The Summary

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Joining In: The Summary

Geraldine McDonald

A study of the mainstreaming of children with educational handicaps into kindergartens and playcentres

Studies in Education, No. 44

New Zealand Council
for Educational Research
Wellington
1987

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New Zealand Council
for Educational Research,
P.O. Box 3237,
Wellington,
New Zealand

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ISSN 0111-2422
ISBN 0-908567-63-4

This study was carried out with the assistance of a grant of $13,000 from the International year of Disabled Persons Telethon Trust.

The cover design and illustrations are by Robyn Belton.

NZCER thanks Windmill Books and Heinemann Publishers (NZ) Ltd., for permission to adapt an illustration from *Follow the Leader* for the cover design.

Other NZCER books in this series on the mainstreaming of young children:

Joining In: Children and Learning
Joining In: Teachers and Parents
Joining In: Children Observed

All of the above titles will be published during 1987/88; write to NZCER Distribution Service, Box 3237, Wellington, for details.

Printed by Hillary Court Print Ltd., Lower Hutt.

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Introduction

This booklet contains an outline of, and recommendations based on, a study of children in special groups mainstreamed into kindergartens and playcentres. The study was carried out in 1984 by means of detailed observations of the children, and interviews with mothers, special group teachers, kindergarten teachers and playcentre supervisors. Although the study was done in preschools, many of the findings are equally applicable to mainstreaming in the school system. This summary provides the reader with access to the main findings and recommendations. It should be of special interest to administrators of provisions for children with special educational needs, and to teachers and parents of such children. It has been written in a form which provides discussion material suited to preservice and in-service training of those teachers and supervisors who do have, or who will have, responsibility for young children in integrated, or mainstreamed, settings.

Further information on the study is given in other booklets in this series, under the general title of *Joining In*. Information from the observations using a running record and learning event checklist can be found in *Joining In: Children and Learning*. The report of findings from the interviews are recorded in *Joining In: Teachers and Parents*. Results from the use of a structured observation schedule are presented in *Joining In: Children Observed*.

Some Children

Catching Flies

Nicky was four and a half years old. When he first attended the afternoon session at kindergarten he could only just walk; he dribbled, his finger movements were poor, he flitted from activity to activity and he cried a lot. Above all he showed no powers of concentration. The morning I observed him it was pouring with rain and all the children were inside. The head teacher had set out a lot of things to keep the children busy.

Nature study was centred on a large frog in a tank. The frog needed to be fed. This involved catching flies. The flies were caught by arming oneself with a yoghurt pot and creeping up on them when they settled on a table. The pot was then swiftly dropped over the fly and slid from the edge of the table on to a cardboard base which stopped the fly from escaping. Cardboard, pot and fly were then taken to the frog tank and slipped under a net cover. Then the fly was released. The frog leapt up and did the rest.

This absorbing pastime kept quite a number of the children very busy. It requires considerable concentration and skill to catch flies with a yoghurt pot. Who turned out to be the champion fly catcher? Nicky. He fixed his eye on a fly, watched it until it landed on the table and then as quickly as the frog could leap he slammed the pot down over the fly. He managed to transfer the fly to the tank and though he successfully fed the frog he did not seem very interested in this aspect of the activity. It was catching flies that interested him and he was a champion.

Gaining Confidence

Nigel looked somewhat neglected. He acted balky, scowled a lot and wouldn't co-operate with teachers or children. He was reported by the teachers to be liable to soil his trousers. I was able to observe his first withdrawal session with the special group teacher. She took him

into the office to look at some of her special materials. He refused to co-operate with her first efforts. Then she picked up a book in which successive pages had round holes of increasing size. Through these a picture could be seen. As the pages were turned, more and more of the picture was revealed. The child was supposed to say what the picture was.

The back of the book contained a pocket which held a number of pictures and the display could be changed by putting a fresh picture in the pocket. The teacher first went through the book to a complete lack of enthusiasm from Nigel and no attempt on his part to guess what the picture represented. Then she proceeded to change the picture and to stop him from seeing it in advance she said, "Close your eyes, Nigel, and I'll tell you when I'm ready". Nigel consented to lower his head and close his eyes. Suddenly a little voice said "Ready?" "No", said the teacher, "I'm not ready. Keep your eyes closed". Nigel peeped up and said "Ready?" again. "No not yet", she said. "Ready", he said, bursting into laughter. We all ended up laughing as the little chap kept teasing the special group teacher by saying "Ready", and looking up when he knew she wasn't ready. It was a great pleasure for both the teacher and me to see him happy. All three of us relaxed and Nigel then responded to the other games and demonstrated to us that he could concentrate, he could pre-plan his actions, and he could understand the nature of the tasks the teacher gave him and the questions she asked. At the end of the session we liked Nigel better and we respected his ability more. He must have learned to trust us too because he walked jauntily from the room at the end of the session and went confidently to another activity in the kindergarten.

Other Ways of Learning

Tommy was a blind child. He felt his way around the edges of tables and once he was settled into a particular activity he tended to stay there until the teacher led him to another one. When he explored objects that were new to him he had certain stereotyped actions, such as shaking the objects and banging them against the palm of his hand. At one point during the morning the special group teacher drew my attention to Tommy. All by himself, and with hands outstretched, he had left the table where he had been standing and had shuffled to the outdoor area. We held our breath as he approached

the step. He stepped down and landed safely, shuffled sideways, stepped backwards up the steps and backed across the room. Then he moved sideways to his original starting point. He had navigated a square. He then repeated his journey and negotiated another square. It was clear that he now had a map of one area of the kindergarten in his mind. The head teacher said, "We often move things around in this kindergarten but I can see now that we had better leave things as they are".

One of the Gang

Jennifer was five years old and could not walk. She crawled to the dough table and tried to stand up by holding on to a chair. The teacher helped her on to the chair. She held a conversation with the teacher and then started another conversation with a child at the dough table. Jennifer then saw a mother about to read a book about a baby. She said, "Baby" with delight. The teacher helped her down from the chair so that she could crawl over to the group clustered around the mother. The teacher brought her a bean chair to sit in so that she could listen in comfort. The mother asked, "Have you read this book?" "Yes", said Jennifer with assurance. The teacher took Jennifer to a table in the corner of the kindergarten and helped her to cut out pictures with her right and weaker hand. The teacher had provided scissors with four holes for fingers rather than the usual two and she put her own hand over Jennifer's, gradually releasing her control. She said to Jennifer, "You're cutting most of that yourself". During music time the bean chair was moved so that Jennifer could join in. She used her left and stronger hand to shake a rattle. Towards the end of the morning Jennifer crawled back to the dough table and held an animated conversation with the girl next to her. I asked for some of her dough. She gave it to me and told me that she was making something for her birthday, adding, "I'm having my birthday at kindy". I responded, "Really", and she replied, "Just pretend".

When Speech does not Match Understanding

Bridget was nearly five years and seemed rather quiet and withdrawn. However, she took part in printmaking. Then she

played at the dough table with five other children. Again, with a group of girls, she went to the table where puzzles and form boards were arranged and very competently completed a puzzle. Another girl asked her a question. There was a long pause, Bridget took a deep breath and said, "Dat one". Only once during her time at the puzzle table was she observed saying something to another child.

In the middle of the morning there was a large group of children outside with a teacher. The kindergarten guinea pig was sitting on the knee of one child. Children were feeding it dandelions. Bridget went off to get a dandelion and gently offered it to the guinea pig. The animal accepted it. Bridget went to pick another one and came back saying, "Got big one".

She took part in a board game which involved children throwing dice in order to build up the body parts of an elephant. The children had to co-operate and wait for their turn. Bridget understood the game and anticipated the moves. She said the names of the body parts, laughed, and spoke to other children although her speech sounded a bit stilted. She made many comments that seemed to be to herself and spoke more clearly when she was talking about her own intended actions, such as, "Now it's my turn".

Bridget's speech was better when she was doing things she enjoyed (feeding the guinea pig) and things she understood well (the board game had been sent along by her mother) but nevertheless her speaking ability was not as advanced as her comprehension of speech or her general understanding.

The Problem of Other People

9.50a.m. Matthew was sitting on a mattress in the puzzle corner and playing with a form board. He held up two pieces of the puzzle, one in each hand, and brought them together in front of his eyes, as a baby does. Then he held the pieces very close to his face and made odd grimaces. He had his back to the other children. He banged the pieces of puzzle several times against his forehead and then banged them down on the form board without trying to put them in place. When some children moved near to him he lay down on his side on the floor with his knees drawn up to his chest. At 10.27 I recorded him at the dough table where he had been for some time. He was eating the dough and waving a rolling pin around in the air. At the same time he was warily watching children some distance away. He

got up and followed the direction of his gaze, then wandered back. The teacher asked, "What are you doing?" He pointed to his coat hanging on a peg but it was impossible to say exactly what he meant.

Suddenly Matthew appeared to notice the frying pan on the toy stove. A transformation occurred. He picked up the frying pan, put some dough "cakes" in it, got the masher from the wall and used it correctly, fiddled with the knobs on the stove as if adjusting the heat, got down other utensils from the rack on the wall and arranged them neatly and appropriately on the top of the stove. He played steadily and purposefully at the stove. Someone came close to him and he merely looked up and vocalized. Later he wandered away and found a steering wheel. Then he sat in the block area pretending to drive and making "Brm, Brm" noises. I went over to sit near him. He showed no reaction for a start but when I asked him a question he promptly lay on the ground with his back towards me, as he had earlier in the morning, and grimaced. I left him and he resumed normal play with the steering wheel.

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The Scheme for Educationally Handicapped Children

In 1973 the Department of Education initiated a scheme in which "the Director-General of Education could authorize the establishment of a special pre-school group at a kindergarten or playcentre to provide supplementary teaching for a group of educationally handicapped children".[1] This scheme greatly extended earlier provisions of a similar kind for young children who were deaf. The educationally handicapped group was to be no smaller than three children and no larger than five. A suitably qualified teacher was to be appointed and employed by the Department of Education. The special groups of educationally handicapped children were to operate on three half days a week. The admission of children to the groups was to be controlled through the recommendation of the Psychological Service of the Department of Education or, in the case of deaf children, the adviser on deaf children. Both the Psychological Service and the advisers on deaf children were to have a continuing responsibility to provide guidance to the staff of the preschool centres involved and on the teaching programmes appropriate for each child. There were provisions for the Education Boards to contribute towards the cost of transporting children to the special preschool groups. The scheme was intended to integrate or mainstream children with special needs into kindergartens and playcentres.[2]

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1. Departmental Circular B73/38: Establishment and Administration of Special Classes for Educationally Handicapped Children attending Preschool Centres (Special Pre-school Groups) 17 September 1973.

2. For a discussion of integration or mainstreaming in New Zealand see *Background to the General Philosophy of the New Zealand Department of Education and the New Zealand Educational Institute on Mainstreaming*. Psychological Service, Wellington, February 1985.

Nicky, Nigel, Tommy, Jennifer, Bridget and Matthew, the children who were described at the beginning of this report were all enrolled in special groups set up as part of this scheme. They represent some of the main disabilities and the ratio of boys to girls in the groups.

In 1983 the IYDP Telethon Trust invited NZCER to submit a proposal for a national study of these special groups. NZCER's subsequent application to the Trust set out the purpose of a study as follows:

> *To determine what integration is in the special groups and how it is working for individual children.*

Earlier Studies of the Scheme

In May 1976 the Department of Education made a survey for its own use of the range of primary handicaps exhibited by the 67 children who were then in the 9 special groups that had been established in preschools. There were 3 blind children, 2 deaf children (excluding those in the pre-existing preschool groups for deaf children), 3 with cerebral palsy, 4 with spina bifida, 4 with other physical difficulties, 10 who were mentally retarded, 4 who were severely withdrawn, 5 who presented problems of management and 32 who were slow or immature in language and/or socio-cultural development.

In 1983 the Department of Education reported the results of another study, a survey carried out by means of a postal questionnaire. This latter study was oriented particularly towards the administration and management of the scheme.[3] The study canvassed the views of the teachers, psychologists and administrators who were involved. All who answered the Department's questionnaire said that their group was "integrated". It was not clear, however, exactly how integration was being interpreted in each preschool centre.

A number of issues emerged from the Department's evaluation of the working of the scheme. There were differing views amongst those who answered the questionnaire on the value of withdrawal

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3. *Evaluation of Special Groups in Pre-schools*. Wellington, Department of Education, 1983.

for special group children, and on whether special equipment should be shared with all the children in the preschool, or kept aside for the special group children. Practical problems also surfaced, such as the attendance by some children at more than one preschool and whether or not this was desirable. The problems connected with the transport of children and their parents, a perennial issue, were also raised in the report. The report included the suggestion that a study should be made of the process by which the special group children were recruited.

Another research study on the special groups was carried out by D.A. Stephenson,[4] at Auckland Secondary Teachers College (now the Auckland College of Education). This project looked at the social acceptance of the handicapped preschoolers by the preschool children amongst whom they were placed. Amiria Johnson and Sally Jackson[5] have written an interesting and thoughtful paper on what it is like to work with the special group children in a kindergarten.

When the present study was proposed there were three main areas which had not been investigated. There had been no comprehensive or comparative *observation* of the special group children within the preschools; there had been no general *evaluation* of their progress, and the *parents' views* of the scheme had not been sought. In other words the policy of integration or mainstreaming still needed to be examined from the viewpoint of the children and their parents. The advisory committee which had been constituted to assist with the Department of Education's study of the administration and management of the scheme had expressed the hope that any further research would focus on the children.

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4. D.A. Stephenson, *Social Acceptance of Handicapped Preschoolers in Integrated Settings*. Dissertation submitted to Auckland Teachers College in partial fulfilment of the requirements for the Diploma in Education of Handicapped Children, 1982.

5. Amiria Johnson and Sally Jackson, "Special Needs Group", in Patricia M. Buckfield, Geraldine McDonald and Mary Roberts (eds), *Communication: Children with Special Needs*. Wellington Postgraduate School of Medicine, 1984, pp.236-239.

The Study

Aims of the Research

Although the term "integration" is not synonymous with "mainstreaming", it appears that the latter is replacing the former in general usage.

There was general agreement amongst those with whom I discussed the definition of integration (or mainstreaming) that the term meant including children with special educational needs in a group of children without disabilities. No one seemed to quarrel with that.

However, in early discussions about the research, several people commented, "You'll never be able to do it. Each special group is different from all the others". To a considerable extent this is true. There are many variations among the groups and so the project became a search for the things common to all groups; a search for the common practices of teachers and the common experiences of children.

The preschools in which the special groups are situated have educational aims. Therefore, the research was designed to find out not only how the scheme was put into practice, but (a) whether the special group children were able to take advantage of the educational opportunities offered by the preschool, and (b) whether they became part of its social group (a process often called normalization).

We are well aware of the excellent work carried out in preschools run by organizations such as IHC. The results of this present study cannot tell us whether mainstreaming in kindergartens and playcentres is better for children with disabilities than attendance at segregated preschools, because the two kinds of provision were not compared. Nor were the intervention programmes offered to the special group children in many of the kindergartens and the one playcentre in the study studied systematically. The aim of the project was primarily to show how integration or mainstreaming works for the special group children who are enrolled in a regular kindergarten or playcentre which has an additional teacher with main responsibility to the special group children.

The kindergartens in the study all had rolls of about 40 children in the morning session. All were accommodated in an open plan building with a team of teachers running a developmental programme. The playcentre in the study had a smaller roll and a greater proportion of adults working as supervisors. It operated in one room in a school building and a second room was available for special activities. All preschool centres had grounds for outdoor play.

In all the preschool centres, activities were organized on an indoor/outdoor plan. Indoors there were table activities and carpeted areas for group activities. Family play was generally in a screened-off area and outside there was fixed equipment, such as a sandpit and perhaps a fort. Moveable equipment for outdoor play was stored in a shed and during the session water troughs and climbing equipment were generally provided outdoors if it was fine, and indoors, if not. Outdoor equipment was placed so that there was room for children to move freely and to push big objects such as trolleys around. All the preschools visited conformed to this basic organization of space.

From the child's point of view, the preschool environment contains lots of objects. It also contains many other children of the same age, and adults who provide things of interest to children and help when they encounter difficulties. From the point of view of a child with a disability the special characteristics of kindergartens and playcentres, that is, what they offer a disabled child that other services do not, is the presence of a large group of children without disabilities. Both the interesting materials and the adult assistance can be provided in segregated settings. Provision of treatment for a child's special need is not necessarily dependent upon mainstreaming. Treatment and intervention can be provided in other settings, such as clinics or preschools for children with disabilities. Therefore, the effects of treatment, intervention or special programmes for disability were not assessed in this present study.

For this study the kindergartens and playcentre were considered to be total learning environments in which the special teacher and her work were an essential part. The focus of the study was on learning rather than on teaching and the other children within the kindergartens and the one playcentre were viewed as educational agents or influences and, hence, part of the process by which the children in the preschool learned new facts, new skills, and new ways of behaving.

Methods Used

There are many organizations involved in some manner with the children in special groups in kindergartens and playcentres; the Psychological Service of the Department of Education; the New Zealand Free Kindergarten Teachers Association (KTA); the New Zealand Free Kindergarten Union; the New Zealand Playcentre Federation; the Early Childhood Directorate of the Department of Education; the inspectors supervising special education; the Education Boards; the New Zealand Society for the Intellectually Handicapped; the New Zealand Crippled Children Society; Homai College and the Royal Foundation for the Blind. Representatives of all of these were told of the study and approached for their opinion on what might be included in it. The particular questions and the instruments used were developed on the basis of the advice received.

Two observation records, (a) a running record accompanied by a checklist and (b) a structured observation schedules were developed and tested in kindergartens in the greater Wellington area.

Discussions were held with the staff of Cottle, Johnsonville, Tairangi and Moira Gallagher kindergartens. The themes that emerged from these discussions were then combined with those from the Department of Education's study and a draft questionnaire for teachers was developed. This draft questionnaire was discussed with the advisory committee for the project and revised after their comments had been received. Later when I used this questionnaire with teachers I blamed the advisory committee for the hard questions and praised the researchers for the easy questions but I do not think that the teachers believed me!

I began preparing the questionnaire for parents of special group children by talking informally to parents I met in the kindergartens I visited. The advisory committee discussed this questionnaire also and, as with the one for teachers, made many useful suggestions. The sampling method that we used for selecting parents for interview was suggested by a committee member and worked well. The early stages took some months of observation, trial and contemplation but in December 1983 we were finally ready.

Observers were trained to use the structured observation schedule. They practised in kindergartens which did not have special groups. When the structured observations were carried out in the special group preschools as part of the study, the observer was

supervised by one of the two people managing the project. The names of the observers are listed at the end of this report along with the other people and preschools involved in the study.

During the course of the morning, that is, over three hours, all the special group children present on that day were observed with the second method of observation, the running record and learning event checklist. One hundred and thirty-eight children were observed in this way. This was the task of one or other of the two NZCER researchers. Whoever was the second observer used the structured observation schedule to observe two children (longest enrolled and shortest enrolled) from the special group and two children from the main roll matched for sex and date of enrolment. The method of selection was used primarily to ensure a random sample. In this way structured observations were made of 154 children half of whom, the "matched" sample, were not in the special group.

Following the observations the teachers were invited for interview. Both the special group teacher and the head teacher (in kindergarten) or supervisor or group supervisors (in playcentre) were interviewed in every centre and other teachers who were present were also sometimes part of the group. Although only one interview schedule was completed for each preschool, approximately 100 people were spoken to in interview groups.

Preschools were asked to approach the parent of the child in the special group whose name came first in the alphabet. In this way thirty-nine mothers were selected and interviewed, the majority of whom were first in alphabetical order.

This was a national study involving complicated timetables, several methods of data collection and extensive travel. It went virtually without a hitch (I will not pretend there were no hitches) due to the co-operation and assistance we received from kindergartens, playcentres, kindergarten and playcentre associations, kindergarten senior head teachers, and early childhood education officers and, of course, the teachers of the special groups.

The Preschools and the Children

In 1983 there were in operation 38 kindergartens and 1 playcentre with mainstreamed special groups.[6] The most northerly was at Wellsford in Northland and the most southerly were two kindergartens in Invercargill. All were visited between December 1983 and early May 1984.

The sample of special group children consisted of 91 boys and 47 girls. Their disabilities were categorized according to function under the broad divisions, physical, intellectual, social and emotional. While these are not clinical categories they have the great advantage of corresponding to the traditional distinctions made in child development. They are well known in early childhood education and well established among early childhood teachers as the basis for working with children.

The classification of a child's functional disability was carried out by the senior observer during the course of the morning and was later checked with the help of the special group teacher.

Almost half the children (64) had their principal functional disability in the intellectual domain. Another 34 children had physical disabilities, 20 had functional disabilities in the emotional, and 19 in the social, domain. The nature of one child's disability was not recorded.

Table 1 shows the disabilities in greater detail. There is always a degree of arbitrariness in classifying handicaps and disabilities. The table explains the particular classification used for this project.

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6 There are currently 40 preschools with special groups.

Table 1
Main Categories of Functional Disability

	Children
Physical Disability	
Hearing impaired	22
Vision impaired	4
Physical disabilities involving the limbs	7
Spasticity and sensory defects (more than one physical handicap)	1
Intellectual Disability	
Developmental delay, Downs Syndrome, general intellectual retardation	29
Multiple handicaps with intellect as a major component	4
Organic growth disorders, retarded physical and intellectual growth	8
Mute conditions, severe speech delay	20
Articulation problems, mispronunciations but syntax intact	3
Social/Cultural Disability	
English as a second language	3
Delayed development arising from economic and social conditions	7
Failure to understand and respond to the social environment (e.g. autistic symptoms)	3
Functional disability from cultural difference	6
Emotional Disability	
Fears and phobias	10
Hyperactivity	1
Uncontrollable behaviour (e.g. tantrums, destructive behaviour)	9
No data available on child's condition	1
	138

Table 2 shows the number of boys and girls in each category of functional disability.

Table 2
Sex of Child and Functional Disability

Disability	Boys	Girls	Total	%
Physical	20	14	34	25
Intellectual	42	22	64	46
Social/Cultural	13	6	19	14
Emotional	15	5	20	14
Data missing	1	0	1	1
	91	47	138	100

Table 3 gives the ages of the children.

Table 3
Ages of the Special Group Children

Age	Children	%
Up to 2 years 11 months	3	2
3 years to 3 years 5 months	4	3
3 years 6 months to 3 years 11 months	15	11
4 years to 4 years 5 months	33	24
4 years 6 months to 4 years 11 months	55	40
5 years and over	27	20
Missing data	1	1
	138	100

Table 4 shows how long the children had been enrolled in the special group. Some children had attended a preschool of some kind before becoming part of the special group and therefore their experience of preschool was greater than the time they had spent in the special group.

Table 4
Length of Attendance of the Special Group Children

Attendance	Children	%
Up to 6 months	71	52
6 months and up to 1 year	35	25
1 year and over	32	23
	138	100

In the next section the main results from the study will be outlined.

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Results from the Study

The question with which this research project started was the broad one of, "How does integration work out in practice for the children in the special groups in kindergartens and playcentres?"

What is Integration?

1. There was general agreement amongst the teachers we interviewed that integration or mainstreaming is the incorporation of educationally handicapped children into a group of "normal" children of the same age.[7]

2. The organization of the programmes which put integration into practice varied from ones in which the special group children were never withdrawn but were helped to take part in all the activities available to other children; to ones in which there was semi-withdrawal of the whole group, or of individual children, for a portion of the session; to ones in which there was full withdrawal to a separate area of the whole group or individual children for a portion of the session. Some form of withdrawal was carried out in two-thirds of the preschools observed.

3. Results from the structured observation showed that the pattern of preschool activities in which the special group children took part was similar to, although not identical with, the activities of the main roll children. Differences showed up in the size of group in which the children were observed. This was partly a result of greater attention from the special group teacher, leading to frequent instances of a child being alone with the

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7. Cf., H. Norman, E. Sritheran and C. Ridding, *Teachers' Perceptions of Children with Special Needs, a national survey of primary school teachers concerning children with special needs in regular classes.* Wellington, Department of Education, 1984.

special group teacher. Also, it was often her presence which ensured that her charges went to an activity which was being shared by other childern.

4. The structured observation showed that most special group children were in an "average" or neutral emotional state on most of the occasions on which they were observed and there were few instances of the children exhibiting distress or aggression.

5. The main differences observed between the special group and the other children were a consequence of the children's disabilities rather than of the organization of the programme.

6. The structured observation showed that most special needs children were in contact with children from the main roll at some time during the session. The unstructured observations recorded in the running record showed that social acceptance by main roll children was largely dependent upon the nature of the special child's disability. The child's ability to speak was an important factor in acceptance as was an absence of aggressive behaviour. Acceptance of the special children was being encouraged in most preschools through explanations of disability by the teacher to the main roll children.

7. Teachers and supervisors generally viewed the integration of a special group of educationally handicapped children as a challenge, as something which made the kindergarten or playcentre special, and as work to which they were committed.

8. For parents mainstreaming meant the avoidance of stigma. Their children were attending a "real" kindergarten or playcentre and this held out hope that the child would go on to school. By relieving their feelings of anxiety, mainstreaming was a contribution to the mental health of the mothers who also benefited from a break from the care of the child.

Did Mainstreaming Work?

Improvement or developmental gains were gauged very broadly by collecting reports (from teachers, supervisors and parents) of what the child was like before or on entry to kindergarten or playcentre. The principal observer checked what were claimed by teachers and

parents to be gains against behaviour which she could observe. A network of evidence was collected on which to make a judgement about whether or not gains had occurred. It is important to note that the gains reported or observed were not necessarily in the area of disability and that the *rate* of any gain was not assessed. A fuller description of the methods used to categorize the children and to assess gains can be found in *Joining In: Teachers and Parents*, another booklet in this series.

Apart from a small number of children, integration was perceived as leading to improvement, or at the very least not causing regression. The gains reported were of a similar nature to those reported for main roll children and related to general areas of development, such as development of confidence, progress in speech, and increase in physical skills.

The following table (Table 5) summarizes the proportions of children who were considered to have shown (a) "gains" of some kind, (b) those who had not yet shown gains although the teacher or supervisor thought that they would occur, or who, (c) in the opinion of the teacher and/or parent, had shown no gains.

Table 5

Gains made by Children in Special Group

Improvement	Special Group Children	%
Yes	96	69.6
Not yet	15	10.9
No	27	19.5
	138	100

In Table 6 can be seen the pattern of gains in relation to the broad categories of functional disability. Failure to make gains was proportionately higher amongst those children with social and emotional disability.

Table 6

*Gains in Relation to Functional Disability**

(N = 137)

Gains	Disability							
Gains	Physical	%	Intellectual	%	Social	%	Emotional	%
Yes	24	(71)	51	(80)	11	(58)	10	(50)
Not Yet	7	(20)	4	(6)	3	(16)	1	(5)
No	3	(9)	9	(14)	5	(26)	9	(45)
	34	(100)	64	(100)	19	(100)	20	(100)

* Note: 1 child's disability was not known

In Table 7 those children who were considered to have made gains are listed according to particular disabilities.

Table 7
*Gains in Relation to Particular Disability**

Disability	Number of Children with this Disability	Children Making Gains Number	Children Making Gains %
Hearing impaired	22	16	73
Physical disabilities (e.g. limbs)	7	4	57
Developmental delay	29	24	83
Organic growth disorders	8	7	88
Mute conditions	20	16	80
English as a second language	3	3	100
Economic and social deprivation	7	4	57
Cultural differences	6	4	67
Uncontrollable behaviour	9	6	67
Other	26	12	46
	137	96	70

* Note: 1 child's disability was not known

Although some children were reported to have made gains at each category of age, Table 8 shows that an increasing proportion of children made gains as age increased. This can be interpreted as showing that even the youngest children are capable of making progress but that the expectation of gains is higher for children of a greater age. These figures do not take into account varying length of attendance.

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Table 8
Gains in Relation to Age
(N = 138)

Age	Children Making Gains	
	Number	As Percentage of Children in this Age Group
Up to 2.11 years	1	(33)
3 years to 3.5 years	2	(50)
3.6 years to 3.11 years	10	(67)
4 years to 4.5 years	20	(61)
4.6 years to 4.11 years	43	(78)
5 years and over	20	(74)
	96	

In Table 9 it can be seen that although, in general, parents and teachers noticed the same things, when parents noticed gains they noticed them in the areas of social and emotional functioning more often than the teachers did. This difference is in part due to the different situations in which parents and teachers observe the children, and in part to the responsibility that a mother feels for ensuring that her child's social and emotional behaviour is within the normal range. In the case of 8 children the teacher's comments were too general to be analysed into areas of gain.

Table 9
Gains Reported by Parents and Teachers Compared

Area of Gain	Parents (N = 39)	Teachers (N = 31)
Social	26	15
Speech	18	20
Physical	2	5
Emotional	16	3
Intellectual	9	4
Behaviour	5	4
Other	2	4

Were the children in particular types of programme more likely to show gains than in other types of programme? In particular, were "withdrawal" programmes superior to those programmes in which the child was not withdrawn – or vice versa?

Using the three broad categories of "gains", "no gains yet" and "no gains", it can be seen from Table 10 that the percentage distribution is virtually the same irrespective of type of programme.

Table 10
Gains in Relation to Programme Organization

Gains	Withdrawal	%	No Withdrawal	%
Yes	61	(69)	35	(71)
Not Yet	11	(12)	4	(8)
No	17	(19)	10	(21)
	89	(100)	49	(100)

If improvement occurred for children in all types of programme, "withdrawal" and "no withdrawal", we must look for the "causes" of the gains, as reported and observed, in the factors common to all the preschools. These were: a special group teacher, a normal kindergarten or playcentre programme, the other children, and the other teachers. This was the setting in which all types of programme were embedded, and the setting itself and the work of the special group teachers interacted and influenced each other.

A small number of children had been mainstreamed a sufficient length of time for some gains to have been expected and yet they appeared to have made no gains. These children had difficulty in the social/emotional areas of functioning and included the so-called autistic children. This group will be commented on more fully below.

How May the Gains be Explained?

We made the assumption that the gains that were reported by teachers, supervisors and parents would be the result of a child being able to take advantage of, that is, to learn from, the information provided by the physical and social environment of the kindergarten and playcentre. The running record and learning event checklist used for observing the children were designed to explore how, and through what agencies, each child observed was using the preschool environment for learning.

The running record and learning event checklist, showed that in a normal kindergarten or playcentre environment children used the objects within it for the purposes of self-directed learning. They also learned from observing the other children and later reproducing the same actions. They learned as a result of an adult's instructions regarding how to do things. Some learned as a result of instructions from other children. They learned appropriate social behaviour from adults and children. Some initiated their own learning events by seeking instructions from adults and a few sought instructions from children. The word "instructions" is used deliberately here to suggest that adults and children were providing, or being asked to provide, information or "know-how".

Although the children differed among themselves in the precise sources from which, and through which, they learned, and the number of different types of agency they were observed to use in

order to learn, their learning was neither mysterious nor did it occur as the result of one particular process. (For details of the results of the running record see *Joining In: Children and Learning*, another booklet in this series.)

None of this should be interpreted to mean that the special programmes prepared by both special group teachers and head teachers were of no importance. Indeed we observed much exciting work and many examples of inspired ways of dealing with the children. However, the whole preschool frequently benefited from the activities prepared for the special group children and these activities became indistinguishable from general preschool activities. This made it hard to assess the effects of any special programme. The main reason, however, for leaving the special programmes out of our calculations is that we did not set out to study their effects but rather to see what the process of mainstreaming itself could do for children with educational handicaps arising from a variety of causes.

Were there Some Children not Observed in any Learning Event?

The observers counted as a learning event any example of the successive adaptaton of a child's behaviour to meet a goal. Trivial responses, such as retreat when another child says "go away", were not counted as learning. On the other hand we did not look for major changes of behaviour so much as progress in adaptation. A number of signs or signals of learning were identified, such as a child's own delight and attempts to capture an adult's attention when he or she acquired some new skill. We sought evidence from teachers and supervisors on whether a particular bit of behaviour was newly acquired and we looked throughout the morning for any behavioural consequences that followed an episode in which one child stood and gazed for a long time at the activities of other children. A special category of social learning was distinguished from learning in the physical and intellectual domains. This covered knowledge of the rules of the preschool.

Even with the seven categories of information source that we used, and our acceptance of evidence for learning that might represent quite small steps, there were a few children for whom no learning event was recorded. As already mentioned these were the children exhibiting autistic symptoms.

For these children, the kindergarten or playcentre appeared to be too big, too noisy and too busy. Moreover, since their problem was an apparent lack of understanding of the cues of the social environment, they did not benefit from this source of information for learning. Individual children of this kind whom we observed, were well aware of the social surroundings but mainly to see that their own private space was not invaded. They differed, for example, from the hyperactive and destructive children who understood the social messages about behaviour perfectly well but did not conform to them.

Some special attention needs to be given to providing suitable learning environments for children with autistic tendencies. At the same time the mothers of such children may be in most need of relief and such children should not be excluded from any scheme for mainstreaming unless, and until, other facilities are available.

Recommendations Arising from the Study

Demonstrating how children with educational handicaps take advantage of a preschool for learning does not mean that everything that could be done for special group children is necessarily being done. We will outline some recommendations based on the results of the study.

There are now 40 special groups integrated into playcentres and kindergartens and special group teachers may be employed for five rather than three sessions per week, one of which may be a non-child contact session (for example, with parents, or in a case conference on a particular child). The scheme as a whole works well and it is obviously valuable. Nevertheless there are several points that can be made. These will both summarize what has been reported in the general results given so far and introduce material from other parts of the study which are reported more fully elsewhere.

Children

Certain categories of children respond brilliantly to the preschool experience. This is particularly true for the socially disadvantaged. Others, such as physically disabled children, thrive to the degree that adults can provide devices to compensate for their incapacity. Others, such as those who may be described as "mute", or those with an extreme fear of social contact, may need more consideration about how best we may help them.

- There should be a conference on helping children who are "hard to help".

Labelling and Diagnosis

As the Department of Education's earlier report found, teachers say that the most common special need that they encounter is a

language delay. Over half the teachers interviewed offered "language delay", "a language deficit", or a "language related disorder" as the most common problem they encountered. These stereotyped diagnoses do not square with the children's problems as we observed them, nor with the teachers' own diagnoses when they discussed each individual child with the researchers.

"Language problems", as one teacher put it, "is a fashionable term". It is also one that avoids labelling the child with something like "intellectual handicap". "Language delay", like "developmental delay", is a tactful term for a range of conditions. Furthermore, many disabilities, such as extreme withdrawal from social contact, experience of physical ill-treatment and consequent regression to infantile behaviour, aphasic conditions, deafness, and a range of others, do have language disorder as one of their symptoms. And so the teachers who say that language problems are commonest are quite right but the problems may be the consequence of other, more basic, conditions. It was notable that the kindergartens and the playcentre which had children whose mother tongue was not English, did not regard these children as having language problems, and the teachers of deaf children said "deafness" and did not refer to language difficulties.

Many teachers referred to problems of behaviour and self control, lack of ability to concentrate and listen, lack of co-ordination, problems of making social contact with other children, and physical disabilities. A further problem mentioned by kindergartens situated in economically disadvantaged areas was a special need produced by environmental causes such as poverty and marriage breakdown.

In the entire sample of teachers there was an avoidance of the label "intellectual handicap" although teachers were well aware of this condition in some of their children. These are some responses given by teachers when they were asked what was the most common "special need".

> "Retarded social and language development often with a hidden cause." "None of them come to us with a straightforward condition. I could say speech and language but they all have socialization problems. They all have intellectual problems."

It is certainly worthwhile to avoid giving an undesirable label that can become a self-fulfilling prophecy. On the other hand there is a

risk that substituting another label may lead to inappropriate treatment.

- Consideration should be given to describing children according to their problems of functioning in the group setting of the preschool.
- Encouragement should be given to descriptions of a child which include a child's assets.
- Treatment should be a consequence of an honest appraisal of disability and how the child learns best.[8]

Checklists

Developmental checklists can be part of a professional's equipment for the purposes of independent assessment, to make sure that no area of behaviour is overlooked, and perhaps, to indicate things which are not obvious to a casual observer.

One finding of the study was that while some special group teachers made good use of checklists others found them inappropriate to their style of work or to particular children, or too cumbersome to complete.

When the draft of the full report was discussed with some members of the Department of Education's Psychological Service I received a number of comments. One was that the reluctance on the part of teachers to use checklists is unfortunate. Psychologists would see it as important for teachers and supervisors to know where a child is at in each area of development, in order to know what to provide in the way of appropriate learning experiences and to evaluate the progress of children. My observations of special group teachers show that they waver between seeing themselves as preschool teachers and seeing themselves as clinicians. This means that they may be caught between the "whole child" view which is part and parcel of early childhood education and the view that children

8. Teachers said they would like to know more about some of the rarer types of disability. A helpful paper in this regard is Jocelyn E. Cooper, *The Management of Some Handicapped Children in Kindergarten*. Institute of Early Childhood Development Occasional Paper No. 2, 1976, IECO, P.O. Box 210, Kew 3101, Australia.

develop a range of skills and abilities and that intervention should be directed towards individual aspects of development. Checklists normally canvass a range of skills and abilities as a basis for intervention.

The matter of checklists seems to be one that psychologists and teachers might discuss together.

- Preschool and special group teachers might consider developing their own checklists if they want to use them.

The following could act as a guide.

(a) Decide what you want to know about a child's development.
(b) Decide how you would identify such behaviour.
(c) Decide whether it is sufficient to observe such behaviour in one setting, e.g., should you observe at home as well as at preschool?
(d) Try out your checklist and see whether or not it is helpful.
(e) Discuss what you should or could do with any results you have arrived at.

Psychologists would want to ensure that teacher-designed checklists had some consistency with standardized checklists and the suggestion above is offered as a first step to a teacher's understanding of such lists, their purpose and their limitations.

Observation

There are many areas of behaviour (such as the ways of learning referred to earlier) for which there is no ready-made checklist.

- It should be part of the duties of the special group teacher to be released from time to time to observe and to make running records of a particular child or children.

Programme Development

There are two ways in which intervention programmes for the special group children in preschool are customarily developed. The first way is to ask an expert. The kind of programme that results will then depend on the training of the expert. For example, a speech therapist is likely to recommend a speech or language programme, and a psychologist, a behaviour management programme. There

are other specialists who advise programmes based on improving a child's co-ordination and sensory skills. There are exponents of music or dance or physical education. All have something of value to offer. However, the point is that intervention programmes suggested by experts for special group teachers to put into practice bear a closer relationship to the training of the expert concerned than to the exact nature of the child's problem.

The second way in which programmes are devised is as a result of assessing individual children. As I have reported already, there is a tendency for teachers and others to assess the child as having a "language delay". This can lead to language programmes of various kinds which may or may not be relevant to the child's condition. Many commercially produced language programmes are not directed to language in a technical sense and are often pre-reading, pre-number programmes aimed at later school performance. Nor will checklists necessarily correct this problem for they too have their biases which are built into selecting what is to be checked.

- Those working with special groups should, together with psychologists and other advisers, work out guidelines for programmes designed for groups of mixed disability in open plan, educational settings.
- These programmes should start from, and be based on, the preschool environment as a source of learning.

Whole Group Sessions

Nearly all kindergartens have a "mat time", that is, a time when the whole kindergarten sits down on the floor in front of the teacher for activities directed by the teacher. The special group children often found group sessions on the mat very hard to cope with. Twice as many special group children as main roll children were absent at mat time, having been sent home early, or been withdrawn for individual work. Others absented themselves by wandering away to other activities and even those who stayed on the mat were apt to be gazing elsewhere or facing the wrong way.

Teachers frequently brought special group children up to the front to be near them. In this position children can see only the teacher and her actions. This makes it hard for the child to follow something like a singing game. Children in the front were often observed

craning their heads around to see what other children were doing. A better place to seat them would probably be in the second row so that there are children in front whose actions can be followed.

In one kindergarten each special group child sat in the lap of an adult who moved the child's arms as required. This reminded me of the way in which Balinese teachers train young girls to dance. The children feel the movements as the teacher manipulates their arms and bodies from behind. It seems a sensible technique for mat time.

Teachers said that they tried to make mat time appealing by illustrating stories with flannelgraphs, by using books with simple text and bold illustrations, and by using music to establish co-ordination in rhythmic movements. There is no doubt that teachers gave much thought to mat time activities and to making these hold the attention of the special group children.

There were two schools of thought amongst the teachers about mat time. One group believed that all children should be required to sit on the mat and that special group children were not fully mainstreamed unless they did so. The other believed that children were better sent home before mat time if they could not cope.

- Special attention should be given in in-service and other training courses to an understanding of mat time and how it may be used and/or adapted to help children to cope with this group- and adult-related situation.

One-to-one Teaching

There was a prevailing belief amongst all teachers and supervisors to whom we spoke that things would be better for the children if there was greater opportunity for "one-to-one" teaching. While the phrase "one-to-one" basically means no more than a situation in which a child has the undivided attention of an adult, in practice it is generally interpreted as a tutoring situation. In this kind of situation the teacher is apt to bring an activity to the child rather than a child being taken to one of the regular activities.

However, even when it appears that one-to-one teaching is taking place, as in a withdrawal session involving a teacher and a child in the teacher's office, there may be other children peeping through the door, little faces at the office window and the continuing sounds of children hammering or dancing. The special group teachers we interviewed often commented on how impossible it was to get away

from the other children. The situation in the withdrawal area may seem to an observer to be one-to-one, but the children involved may perceive things differently. To them the preschool is probably an arena or stage. As actors they play to an audience of other children. As observers they watch the actions of the other children. Often a child seems totally absorbed in his or her play, concentrating on a puzzle, making a road from blocks or manoeuvring a truck. But the child is not quite oblivious to the world and will keep a wary eye on other children.

One problem arising from tutoring in a one-to-one setting is the extent to which what is learned can be transferred to other social settings. Young children first learn to act and to speak in particular contexts. Their learning is specific to particular situations. Only as they mature can they "decontextualise" their learning and apply it elsewhere. Following is a quotation from an interview with a teacher.

> "It is 'one-to-one' at sensory stimulation clinic and when we get them they can't do the things they say they can do because it's different in kindergarten."

The value of one-to-one is that it enables a relationship to be built up between an adult and a child; the risk is that the child may become dependent upon this relationship or similar ones.

- Teachers might like to discuss "one-to-one". When does it work best? With what kinds of children? When might other methods be more profitably used?

Withdrawal

At the time when the study was being carried out there was a difference of opinion amongst teachers over whether there should be withdrawal of special group children. It is my view that this is not a genuine issue. Whether or not there should be physical withdrawal of children should be seen in relation to a professional judgement of whether or not this is in a particular child's best interests. Arguments about withdrawal seem to have been set in the wrong context. The issue should not be confused with definitions of "integration" or problems of management within the preschool.

- The professional team of teachers or supervisors should decide what is best both for the child and for the preschool.

Intervention

On the basis of the study I formed the view that the kindergarten or playcentre should do first what it does best, that is, be a stimulating educational environment for young children. Clinical approaches should be used within a kindergarten or a playcentre or a junior school when educational approaches are insufficient for a particular child or when they do not work. Frequently, this may be when a child first comes to a preschool group. At this stage children need to establish a secure relationship with at least one adult in the preschool. Without a withdrawal area and a supply of interesting and appropriate toys that the other children cannot help themselves to, it is difficult to provide sufficient opportunity for the special group child and an adult to quickly develop this special relationship. Furthermore, in some circumstances the preschool offers the only opportunity for children to be offered specialized help.

Mainstreaming or integration should not compete with, or replicate, clinical services but should complement them. Integration may be viewed as the provision of a service of a different kind. As part of the process of achieving integration, clinical-type sessions may be necessary. In other words, the balance of educational and clinical work should not be a matter of routine but be adapted to the child's self-sufficiency within the early childhood centre and outside it.

- Teachers should use first the available educational resources.
- These educational resources may also be used for clinical ends.
- Clinical treatment should complement educational services.
- Clinical treatment and special programmes may be required in circumstances in which a child's attendance at preschool is the only way of providing him or her with such services.

Record Keeping

The draft report of this project was circulated for comments. I received some very helpful material from psychologists and the following extract is worth reporting in full.

> "There has been a tradition in some kindergarten associations to avoid keeping records or to refrain from passing them on. Records provide a measure of professional accountability, and to assume

others will not use them appropriately is an insult to the teachers' professional competence. A child may suffer if areas of concern are not recognised but have to be rediscovered."

The interviews with special group teachers revealed as much ambivalence about record keeping as there was about labelling. On behalf of the teachers I would say that their experience has frequently been that others, such as primary school teachers, do not wish to accept their evaluations. This situation is not confined to children with special needs. Records and their transmission is a vexed question.

- There should be discussion on record keeping, the transmission of records, and the human and ethical issues involved.

Support for Teachers

While some psychologists observed children in the kindergarten, were available for regular consultation by parents and took part in regular case conferences, in one or two instances the teachers reported little contact with the psychologist.

Teachers' comments on the psychologists who were responsible for their group ranged from, "very useful and very approachable", to "not particularly good, comes in once a term".

The study suggested that the "continuing responsibility to provide guidance to the staff of the preschool centres involved and on the teaching programmes appropriate for each child" given to the Psychological Service was a rather unrealistic assignment. One psychologist might, for example, be responsible for more than one preschool, each containing up to five children of varied disability. Not only has the service been faced in recent years with a substantial work load but psychologists tend to move from place to place and continuity of contact cannot be counted on. Not all psychologists are trained to work with very young children or have a special interest in this area. The work may appear marginal to their other duties. The real problem, however, would seem to be that many of the special group teachers feel isolated and would like a great deal more help than can, in practice, be fitted into the schedule of a busy psychologist.

At the time this particular study was being carried out the Psychological Service was itself considering the best way to assist the special groups.

Co-ordination of the Scheme

There is a lack of national co-ordination for the scheme, a lack of knowledge amongst teachers and supervisors of suitable equipment sources, and checklists are passed from one kindergarten to another more by accident than by design.

- There should be a national adviser on new techniques, findings and equipment.

There is insufficient support for the teachers. Some, such as the teachers of the deaf, are well integrated into a system, but for disorders for which there is no present "remedy", teachers and supervisors often feel isolated and wonder whether they are working along the right lines.

- A national adviser could co-ordinate support for teachers.

There should be greater co-ordination of the various agencies with which the children come in contact. There tends to be a gap between the medical and the educational agencies.

- Co-ordination should take place across agencies and at national and local levels.

Other Children with Special Needs

The interviews with teachers showed, as have earlier studies,[9] that kindergartens and playcentres commonly contain more children with special needs than can be found in the special group alone. Indeed many of the special group children were recruited to the group when they were identified after they had entered kindergarten or playcentre and been placed on the main roll. There seems every reason to believe that childcare centres would also include children with educational handicaps.

When the teachers were asked a question about other children with special needs they invariably opened the attendance register

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9. John Panckhurst, *Children with Special Needs in New Zealand Kindergartens: A National Survey.* Victoria University of Wellington, 1978. See also David Barney, *Who Gets to Pre-school?* NZCER, 1975, pp.235-238.

and worked their way down it, gaining the agreement of others present as to the children with special needs. Kindergartens in economically disadvantaged areas produced larger numbers of children thought to have special needs than did other preschools. Teachers made it clear that most of the children identified needed extra attention but that they did not necessarily need admittance to a special group or unit. On the other hand they often had on their main roll children with cerebral palsy, children whose mother tongue was not English, and children with severe behaviour problems, who might well have been admitted to a special group.

When we were doing our observations in each kindergarten, two children were drawn at random from the main roll and we can vouch for the fact that in several instances a main roll child needed more special help than one or more of the children in the special group. Indeed the special group teachers often incorporated such children from the main roll in their activities for the special group.

Practically every kindergarten contained, according to the teachers, children with special needs in addition to those enrolled as such. The teachers' estimates went from 0-16 children but two-thirds reported between 4 and 10 children in this category.

In addition to these children who were all in the morning sessions the afternoon sessions contained younger children suspected of having disabling conditions. Teachers commented that there was a problem of identifying less noticeable difficulties.

These figures are undoubtedly affected by what each teacher viewed as a special need but they also suggest that the special group scheme does not mop up all the children needing extra attention because they are lagging behind in some aspect of their development. It is also common for children with special needs to be found in kindergartens without a special group teacher. When we went, in order to train observers, into six kindergartens without special groups, we found in each, one or more children who might have been eligible for inclusion in such a group.

Perhaps some realism can be given to these figures by describing just one kindergarten in which the special group contained a little boy who disappeared over walls and out the gate if the teacher took her eye off him, a child from the main roll who had broken his leg and who turned up in a push chair which the head teacher wheeled around the kindergarten during the morning, and a physically disabled mother in a walker who was there to help and for company.

- Thought could be given to whether sufficient support for work with special needs children is being given to preschools without special groups.

Training

The training available for teaching disabled children has been, in the past, generally organized on a clinical basis, e.g., for the deaf child, the physically disabled child, and the intellectually handicapped child. But in the special group scheme even the "deaf" units are likely to be made up of children with varying handicaps. The task of the teachers is to educate a group of children of mixed disability, a group which may exhibit a different "mix" from the group which attended in the previous year.

Quite apart from policies of integration or mainstreaming, all early childhood teachers are at some time likely to have to cope with a child with a disability. The training of teachers destined to teach young children, whether in school or preschool, should take account of this by including some basic training in the identification of special needs and disabling conditions, training in observational methods of assessment, training in the use of the educational environment for particular developmental purposes, and training aimed at support of families of children with handicaps.

These are very modest suggestions and may indeed be already part of training but the comments of the many teachers (both special group and kindergarten teachers) and playcentre supervisors to whom we spoke suggested that it had not been part of their training and that they had had to find things out for themselves.

- There should be a conference on communication methods to clarify the issues involved in giving children a communication system or systems that can be understood as widely as possible.
- Consideration should be given to providing information about, and instruction in, a communication system such as Makaton which is designed as a very basic means of establishing contact with someone who, for whatever reason, has difficulty using speech.[10]. Teachers interviewed who had had some experience

10. For information on the Makaton system apply to the Makaton Vocabulary New Zealand Resource Centre, Puketiro Centre, Private Bag, Porirua.

with Makaton said that when they knew that there was such a system and understood its rationale, they could teach themselves signing if they required it. It is easy to forget a signing system if you have little occasion to use it and it will inevitably have to be brushed up again when particular children need it.

- The emphasis in the basic training should not be in competition with, or a watered down version of, more specialized services, but should relate directly to using the social setting of the preschool for educational purposes and, if necessary, for intervention.
- Observation should be treated as a primary tool on which to base professional judgements.[11] Training should include practice in observing children for the purpose of assessment.
- There should be regular workshops at which teachers share ideas on the use of preschool equipment for various purposes. There should be in-service courses to increase the understanding of all teachers in kindergartens and supervisors in playcentres and childcare centres regarding the educational management of children with disabilities.

Transport

Transport should be considered an integral part of the educational services provided. The New Zealand Crippled Children Society (Inc.) has prepared a *Statement of Minimum Standards, Child Restraint & Safety* (1984) which should be obtained by every school, kindergarten, playcentre and childcare centre. It treats transport as a matter of dignity as well as safety. Children should not arrive frightened and apprehensive or have to leave early to suit someone else's timetable. Drivers should be trained to deal with young disabled children, their vehicles should be equipped to keep such children safe and comfortable, and taxi firms should also be aware of the child restraint and safety standards.

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11. An example of a test based on observation is M.B. Parsons, *Test Strategies for Assessing the Ability to Follow Directions for Hearing Impaired Children in Regular Schools*. Christchurch Teachers College, Occasional Paper No. 20, 1983.

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Conclusion

The scheme that has been reported here and which provides for small groups of educationally handicapped children to be included in established kindergartens and playcentres goes a considerable way to making life normal for disabled children but it does not go far enough. It is still a "special" scheme and perhaps the aim for the future should be to take the specialness out of the scheme, to make the surroundings of all schools and preschools, the transport, and the treatment, suitable for all children so that when a disabled child enters the group he or she does not feel "special"; he or she is not a child for whom special concessions and special arrangements must be made.[12] Many disabled children have difficulties with bladders and bowels. These difficulties and others related to body functions should be treated not as medical difficulties but as matters which can be attended to by anyone willing to help. The children are not sick and procedures involving them should be treated as normal.

The environment should give each child the message that he or she is in the appropriate place. Perhaps some people may feel that if too many changes are made then children will not experience life as it really is. Yet there is no reason why all of us should not work towards making all environments responsive to all children.

Finally it must be noted that a policy of mainstreaming in school or preschool implies additional staffing. The additional teachers engaged for the special group were all fully extended during the times when we observed them. However, different types of disability place different kinds of pressure on an educational institution. If the physically disabled child is provided with whatever aids will compensate for his or her disability, and the environment is suitably adapted, such a child may create no more work for a teacher than other children without disability. Other forms of disability, such as visual impairment, place other kinds of demands on the teacher, but, again, it is important to see that the child is given every kind of aid or assistance to compensate for the disability. Many children with special needs do not make greater demands than say, a child without a disability whose mother tongue is not English. On

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12. I am indebted to Russell Kerse for clarifying my thoughts on this issue.

the other hand, as has been made clear earlier, children with problems of functioning in the socio-emotional area can sometimes be exceedingly demanding of a teacher's time. Much depends on the child and on the nature of the child's educational handicap or disability. More depends upon the ability of staff, specialists and administrators to provide environments which, so far as it is possible to do so, compensate for the handicap or disability.

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Some More Children

It was a warm sunny day. Three of the children, two girls and a boy, had taken possession of a tree. From its branches they repelled all who approached. Two boys, Donald and Ross, stood nearby but did not try to climb the tree. The three children did not scare these boys away as they had the others but permitted them to stand at the base of the trunk and gaze upwards. Then the three children abandoned the tree and commandeered one of the trolleys. Donald and Ross went over as if on standby. The three children climbed into the trolley and ordered the two boys to push them around. Donald and Ross seemed pleased to be asked and obediently pushed the others around the play area.

Later in the morning the three children went inside and joined a teacher who was working behind a screen. Each one had a session with her on a speech trainer. All of them had a hearing disability. When the three had had a turn, Donald and Ross presented themselves to the teacher and then they too worked with her on the speech trainer although neither had difficulty in hearing. Finally other kindergarten children begged to have a turn and the teacher was kept busy for some time.

The three deaf children, and Donald and Ross who were mildly mentally retarded, were the special group in this kindergarten. The deaf children had been enrolled when they were young and had been there longer than anybody else. They were all nearly five and there were three of them. They knew how to claim any piece of equipment and any bit of territory that they wanted. Donald and Ross who were younger, and who did not have these powers, basked in reflected glory as they fetched and carried water, pushed and pulled trolleys and otherwise made themselves useful to the power group in the kindergarten.

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Kindergartens used for training purposes: Newtown Kindergarten, Parnell Kindergarten, Redwood Kindergarten, Melville Kindergarten, Ranui Kindergarten, Helen Deem Kindergarten
Kindergartens in the Study:

Wellsford Kindergarten
Birkdale Kindergarten
Highland Park Kindergarten
Te Atatu North Kindergarten
Milford Kindergarten
Murdoch Park Kindergarten
New Lynn Kindergarten
Oranga Kindergarten
St. Christophers Kindergarten
Settlement Road Kindergarten
Homai Kindergarten
Bellmont Kindergarten
Brookfield Kindergarten
Cambridge Kindergarten
Western Heights Kindergarten
Brooklands Kindergarten
Hawera Kindergarten
Polson Park Kindergarten
Hokowhitu Kindergarten
West End Kindergarten
Rutene Road Kindergarten
Irongate Kindergarten
Brian Avenue Kindergarten
Moira Gallagher Kindergarten
Tairangi Kindergarten
Johnsonville Kindergarten
Cottle Kindergarten
Grove Street Kindergarten
Karoro Kindergarten
Hornby Kindergarten
Nuffield Kindergarten
Linwood Kindergarten
Rutland Street Kindergarten
Glenview Kindergarten
Brockville Playcentre
Richard Hudson Kindergarten
Rachael Reynolds Kindergarten
Elston Lea Kindergarten
Waverley Park Kindergarten

Publication
Editorial: Fay Panckhurst, Production: Peter Ridder

Further Reading

Following is a select list of New Zealand titles relevant to the theme of integration or mainstreaming.

Boyd, Andrea. *Social Integration of Preschool Children with Special Needs*. (Unpublished MA thesis in Education) University of Auckland, 1986.

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